

ct

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

JAN 28 2008 *sew*  
Jan 28 2008  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Lois C. Shewen

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: 08 CV 0116  
(To be supplied by the Clerk of this Court)

P. HARVEY, MD  
Commercial Director  
71 W. Van Buren  
NURSE WACKER

JURY TRIAL DEMAND

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

           COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

✓ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331(a) U.S. Code (federal defendants)

           OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: LOUIS C. SHEPTON
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 90355-024
- D. Place of present confinement: MCC
- E. Address: 71 W. ILLINOIS AVE ST CHICAGO

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: P. HARVEY  
 Title: CHIEF DIRECTOR  
 Place of Employment: MCC CHICAGO
- B. Defendant: NURSE WALKER  
 Title: NURSE  
 Place of Employment: MCC CHICAGO
- C. Defendant: ERIC WILSON, WARDEN  
 Title: WARDEN  
 Place of Employment: MCC CHICAGO

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (~~✓~~) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (~~✓~~) NO ( )

C. If your answer is YES:

1. What steps did you take?

I WROTE SEVERAL  
LETTERS TO STAFF UNDER  
EMERGENCY STATUS —

2. What was the result?

NO ANSWER

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

I FILED A REQUEST  
FOR EMERGENCY ACTIONS

D. If your answer is NO, explain why not:

E. Is the grievance procedure now completed? YES ( ) NO (✓)

F. If there is no grievance procedure in the institution, did you complain to authorities? YES (✓) NO ( )

FEDERAL COURT HARRIS & HARRIS SURVEILLANCE  
AND FBI

G. If your answer is YES:

1. What steps did you take?

TALKED TO NORTON UGATTE INVESTIGATION  
FILES SUIT IN OKLAHOMA -

2. What was the result?

SUIT WAS FILED - NO OTHER ACTION  
FROM ANYONE EXCEPT JUDGE KENNEDY

H. If your answer is NO, explain why not:

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: Stedman v Tippit 99 C999  
view
- B. Approximate date of filing lawsuit: May 27, 1999
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: Dan's R. Lawrence  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed  
\_\_\_\_\_  
\_\_\_\_\_

H. Approximate date of disposition: 5/27/99

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

SEE PAGES 1-16

ATTACHED

EXHIBITS MARKED  
"E" "D" AND "X"

SEE 1-16  
ATTACHED

## VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

ONE MILLION DOLLARS EXERCISE DEFENDANT  
COMPENSATION

10 MILLION DOLLARS POSITIVE DAMAGES

BIOPSY OF RIGHT BREAST & TREATMENT IF NEEDED

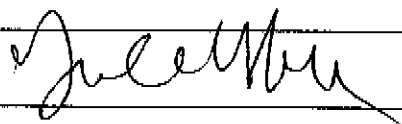
REPAIR OF LEFT SHOULDER

DENTURES

APPOINTMENT OF COUNSEL PLEASE  
CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 23 day of JAN, 2008



(Signature of plaintiff or plaintiffs)

LOUIS C. SHEEHAN 90355-0241  
(Print name)

90355-0251 90355-024  
(I.D. Number)

71 W. LAW BUREAU ST  
CHICAGO, IL 60605  
(Address)

ATTACHMENT  
PAGES 1-16  
EXHIBITS C, D  
AND XX



IN THE UNITED STATES DISTRICT  
COURT  
FOR THE NORTHERN DISTRICT OF  
STATE OF ILLINOIS  
EASTERN DIVISION

LOUIS C. SHEPTIN,  
PLAINTIFF  
VS.

P. HARVEY, CLINICAL  
DIRECTOR AND

NURSE WALKER,  
DEFENDANTS

CASE# 08 CV 116

DIRECTED TO: THE MOST  
HONORABLE MATTHEW KENNEDY  
U.S. DISTRICT JUDGE

AMENDED COMPLAINT

I. JURISDICTION:

1) THE JURISDICTION IS VESTED IN THIS  
HONORABLE COURT BY TITLE 28 U.S.C.A. § 1332.

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- 2) THIS CASE'S JURISDICTION IS ALSO INVOKED PURSUANT TO BIVENS V. SIX UNKNOWN AGENTS, 403 U.S. 388 (1971)

## II. VENUE:

- 3) VENUE IS PROPER PURSUANT TO THE FACT THAT MOST ACTS, OMISSIONS AND INJURY OCCURRED AT 71 W. VAN BUREN STREET, CHICAGO, ILLINOIS AT THE METROPOLITAN CORRECTIONAL CENTER.

## III. NATURE OF CASE:

- 4) THE PLAINTIFF, A 59 YEAR OLD HEART PATIENT WITH 8 IMPLANTED STENTS, SEEKS EMERGENCY INJUNCTIVE RELIEF FOR REPEATED ADMINISTRATION(S) OF MEDICATIONS PRESCRIBED TO PLAINTIFF FROM A LIST BELONGING TO JAMES T. CAIL. (SEE EXHIBITS C & D ATTACHED) SEE ALSO SUPPLEMENT TO EMERGENCY APPLICATION FOR HABEAS & MOTION TO CONVERT TO BIVENS ACTION IN THIS CASE FILE.

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IV - STATEMENT OF FACTS:

5) ON DECEMBER 5, 2007 PLAINTIFF ARRIVED AT THE ("FTC") FEDERAL TRANSIT CENTER IN OKLAHOMA CITY, OK., IN ROUTE TO CHICAGO.

6) DUE TO SERIOUS CORONARY PROBLEMS A SPECIAL FLIGHT FROM DENVER BY LEAR JET WAS ARRANGED BY U.S. MARSHALS.

7) ON DECEMBER 7, 2008 PLAINTIFF SUFFERED INTENSE CHEST PAIN, AND WAS TAKEN TO MEDICAL DEPARTMENT AT FTC. AN EKG WAS RUN, AND AN AMBULANCE WAS CALLED.

8) PLAINTIFF WAS TRANSPORTED BY AMBULANCE TO SAINT ANTHONY'S HOSPITAL 1000 N. LEE STREET, OKLAHOMA CITY, OK WHERE PLAINTIFF WAS SEEN BY EMERGENCY ROOM DOCTORS AND PLAINTIFF WAS ADMITTED STAT TO THE CRITICAL INTENSIVE CARE UNIT ("CICU").

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9) Dr. RONALD SUTOR, CARDIOLOGIST EXAMINED PLAINTIFF AND STATED PLAINTIFF NEEDED EMERGENCY ANGIOPLASTY. HE ALSO DISCOVERED A "SYSTOLIC HEART MURMUR" UPON EXAM.

10) PLAINTIFF SIGNED RELEASES AND Dr. SUTOR PERFORMED CORONARY ANGIOPLASTY SURGERY AND IMPLANTED A "MICRODRIVER STENT" INTO PLAINTIFF'S LAD ARTERY. THE LAD ARTERY IN MEDICAL CIRCLES IS KNOWN AS "THE WIDOW MAKER"

11) PRIOR TO PLAINTIFF'S ARRIVAL TO FTZ ON, NOV 13, 2007 PLAINTIFF HAD MAMMOGRAM OF BOTH LEFT AND RIGHT BREASTS. THE MAMMOGRAM WAS FOUND TO BE POSITIVE, AND A FOLLOW-UP EXAM & BIOPSY WAS ORDERED, FOR NOV 15, 2007 PLAINTIFF WAS NOT TAKEN.

12) ON DECEMBER 18, 2007 PLAINTIFF WAS FLOWN BY LOW-AIR TO O'HARE AIRPORT. MCC STAFF PICKED UP PLAINTIFF

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13) On 12/18/07 AT APPROXIMATELY 8:30 PM

PLAINTIFF WAS FINALLY SEEN BY PHYSICIAN'S ASSISTANT ARIZA. PLAINTIFF HAD FILLED OUT A STANDARD INTAKE MEDICAL FORM LISTING THE FOLLOWING MEDICATIONS:

- A) Digoxin
- B) SOTOLOL
- C) NALOXON or PEPID
- D) TETRATOL
- E) Diclofenac
- F) VYTORIN
- G) ECASA (ASPIRIN)
- H) NITROSTAT S.L.

14) ARIZA GAVE TO PLAINTIFF THE FOLLOWING MEDICATIONS WHICH CAME WITH PLAINTIFF IN A SEPERATE BOX, UNDERNOUING <sup>THIS</sup> PLAINTIFF:

- A-1) METOPROLOL 25 mg
- A-2) LEVOTHYROXINE TABS 100 & 75 mg
- A-3) PLAVIX
- A-4) SOTOLOL
- A-5) SIMVASTATIN
- A-6) NITRO TABS

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- A-7) ACETAMINOPHEN
- A-8) AMLODIPINE BESYLATE
- A-9) ASPIRIN (NOT ENTERIC COATED)
- A-10) LOSARTAN 100 mg
- A-11) DIGOXIN
- A-12) METFORMIN 875mg

15) THE FOLLOWING DAY AT PILL CUP ON THE 7<sup>TH</sup> FLOOR OF M.C.C. ON 12/19/07 PLAINTIFF INTRODUCED HIMSELF TO DEFENDANT AS HE WAS GOING FROM ONE ROOM TO THE OTHER, TRYING TO FIND OUT WHAT THE EXTRA MEDICATIONS WERE FOR. HARVEY RETORTED "OH, YOU'RE SHEPTIN, YOU'RE REPUTATION PRECEDES YOU!" QUOTE — UNQUOTE. HARVEY MADE A QUICK EXIT — SHUTTING THE DOOR BEHIND HIM!

16) ON 12/19/07 AT APPROXIMATELY 8:00 AM NURSE VACHASQUEL DELIVERED THE FOLLOWING MEDICATIONS ISSUED BY DR. HARVEY:

- INCREASED B-1) METOPROLOL 100mg TWICE A DAY
- B-2) NORVASC (AMLODIPINE 10 mg)

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B-3) SOTOCOL 40mg BID

B-4) PLAVIX 75mg

B-5) NITROGLYC SUB LINGUAL TABS PRN

B-6) DILANTIN (PILL LINE)

(INCREASED) B-7) METAFORMIN 1000mg TID

B-8) ACETAMINOPHEN 325 mg

B-9) RANITIDINE 150 mg TAB BID

B-10) SIMVASTATIN 80 mg TABS

B-11) LEVOTHYROXINE 175mg

17) ON OR ABOUT 12/27/07 NURSE WACKER THREATENED PLAINIFF STATING IF YOU DO NOT TAKE ALL YOUR MEDS I WILL PUT YOU IN SHU (THE HOLE). ADDITIONALLY LATER ON PLAINIFF ATTEMPTED TO OBTAIN A PRESCRIPTION FOR NITROGLYCERIN SUB LINGUAL TABS AND WACKER STATED "SHEPTIN, YOU LIKE TO FILE COMPLAINTS, WRITE THE JUDGE, AND ASK HIM FOR YOUR NITRO." MIKE HAYES AND OTHER INMATES WITNESSED WACKER. REFUSE TO REFILL SHEPTIN INMATE REQUEST FOR REFILL (SEE COURT RECORDS FOR DECLARATION & REFILL BLANK).

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18) PLAINTIFF WAS DIAGNOSED WITH HYPERTENSION DISEASES, HOWEVER DR. SUTOR DID NOT PRESCRIBE ANY MEDICATION FOR THIS. HE DID REQUEST FOLLOW-UP OF CUMP @ BREAST AND LEFT SHOULDER WORK UP

19) ON OR ABOUT 12/26/07 PLAINTIFF WAS FINALLY EXAMINED BY DEFENDANT. THE PLAINTIFF ASK THE COURT TO TAKE JUDICIAL NOTICE THAT FROM 12/18/07 TILL 12/26/07 PLAINTIFF WAS NOT EXAMINED BY A MEDICAL DOCTOR AND COULD NOT FIND OUT WHAT THE EXTRA MEDICATIONS WERE ABOUT.

20) ON DECEMBER 23, 2007 AFTER TAKING METFORMIN, LOSARTAN 100mg, SOTOLOL, Digoxin



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LEVOTHYROXINE, AMLODIPINE, ASA, PLETHIC  
PLAINTIFF BROKE OUT INTO A COLD SWEAT -  
DIZZY WITH HANDS & FEET NUMB -

HE TOLD HIS CELL MATE - CALL THE

GUARD - PLAINTIFF WAS TAKEN TO MEDICINE

WHERE HIS BLOOD PRESSURE WAS VERY

LOW - PLAINTIFF WAS TOLD BY NURSE

VACASQUEZ - LET ME CALL WARNEY -

SHE RETURNED AND STATED DR. WARNEY

WANTS YOU TO GO BACK TO YOUR CELL

AND LIE DOWN. VACASQUEZ TOOK

ANOTHER BLOOD PRESSURE AND STARTED

SCREAMING "CALL 911 - CALL 911"

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"He's doing call 911". Plaintiff PASSED  
OUT

21) An Ambulance came, Plaintiff's  
BLOOD PRESSURE GOT A LITTLE BETTER,

Plaintiff WAS TRANSPORTED TO NORTHWESTERN

22) FOUR DOCTORS WERE CALLED EXHIBIT 11  
C-17, AND THAT MEDICAL RECORD WAS RATED  
PER INSTRUCTION OF HARVEY BY STAFF IN  
MEDICAL DEPARTMENT. Plaintiff WAS DISCHARGED

WITH GET A NEW LIST OF MEDICATIONS  
(SEE SUPPLEMENT TO EXHIBIT 11 HARVEY CORPUS  
WITH 3 PAGE DISCHARGE DATED 12/24/07.

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23) From 12/18/07 thru present Plaintiff  
has sent written requests to Defendant  
for Biopsy of Right Breast; Left Shoulder  
Injury Follow-up, all requested in  
Discharge notes both of Dr. Sutton  
and Northwestern. Plaintiff has also  
stated he was in pain, however these,  
some 12 requests go unanswered the  
only answered request is a January 28,  
2008 appointment to remove 3 teeth (roots)  
broken off at the gum, reason was the  
wait - "Due to recent cardiac work" etc.  
Request made 12/21! See Exhibit  
marked XX -

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23) ON OR ABOUT DECEMBER 28, 2007

PLAINTIFF CALLED TO THE ATTENTION OF  
DEFENDANT P. HARVEY THAT HARVEY WAS  
USING INCORRECT MEDICAL RECORDS  
AND ENDANGERING MY LIFE - HARVEY  
SAW THAT PLAINTIFF HAD CAIL'S MED  
RECORDS AND ASKED "WHERE DID YOU  
GET THOSE" PLAINTIFF STATED "A  
MEDICAL RECORD REQUEST" HARVEY  
SEEMED VERY NERVOUS WHEN CON-  
FRONTED WITH CAIL'S RECORDS  
AND HAD NO ANSWER.

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- 13 -

24) ON JAN 9, 2008 AT THE COCK-UP  
AT DISTRICT COURT AGAIN PLAINTIFF COMPLAINED  
OF CHEST PAIN TO MARSHAL. PLAINTIFF WAS  
TRANSPORTED TO UNIVERSITY OF ILLINOIS  
MEDICAL CENTER EMERGENCY ROOM, AND  
AFTER EXAM BY CARDIOLOGY, PLAINTIFF  
WAS TRANSFERRED TO O.R. FOR EMERGENCY  
ANGIOPLASTY - AFTER 5 HOURS ON THE  
TABLE - AN 8TH STENT WAS PLACED IN  
PLAINTIFF'S LAD ARTERY BY CARDIOLOGISTS.  
PLAINTIFF WAS SEDATED FROM 1/9/08 THRU  
1/10/08 WITH MORPHINE, VALIUM, FENTANYL

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AND VICODIN. Sometime on 1/10/08  
 Dr. Lo received a call from Medical  
 Department at MCC wanting UIC  
 TO DISCHARGE. A premature discharge  
 was done, and 12 hours later, still  
 in a fog from medications & narcotics  
 Plaintiff was dragged before Alexander  
 Keys, U.S. Magistrate Judge for a  
 STATUS HEARING.

25) On, or about January 16, 2008 Defendant  
 HARVEY AGAIN PRESCRIBED PAUL'S MEDICATIONS  
 TO PLAINTIFF; THE FOLLOWING DAY PLAINTIFF

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FILED A MOTION TO CONVERT THE EMERGENCY HAZARD ACTION TO A BIVENS ACTION. ADDITIONALLY ON OR ABOUT JANUARY 16, PLAINTIFF FELL OFF HIS BOOK WITH A SEIZURE AND LACERATED HIS RIGHT SHOULDER. NARLEY SAW PLAINTIFF ON JANUARY 19, 2008 AND STATED —

"WHY ARE YOU STILL GIVING ME ANTI-HYPERTENSIVES?" NARLEY REPLYS IT'S DR. NOWAKOWSKI'S FAULT SHE FAXED CACI'S MED LIST TO UIC AND UIC USED IT TO MAKE YOUR DISCHARGE MENS" QUOTE — UNQUOTE.

26) THUS NARLEY SEEMED TO KNOW EXACTLY WHAT HAPPENED.

27) PLAINTIFF BELIEVED HIS CARE WAS IN DANGER.

— Page 16 —

28) RAWLER BELIEVES THAT HARVEY IS  
RETALIATING AGAINST RAWLER FOR  
HIS PAST LITIGATION BEFORE THIS  
COURT.

29) I CONTACTED THE WARDEN AND  
HIS ASSISTANTS AND PSYCHOLOGIST  
ABOUT MY FEARS AND THEY RECEIVED  
A COPY OF LAKE MCD LIST FROM  
DR. RAWA, PhD HERE.

30) I BELIEVE THE ACTS OF HARVEY ARE  
INTENTIONAL, NOT MERELY OVERSIGHT  
~~OR~~ NEGLIGENCE. NO ONE CAN BE  
THIS STUPID!

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## \*\*\*\*\* SCHEDULED MEDICATION ORDERS \*\*\*\*\*

## Special Instructions:

Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1630	1631-2359
0172 RM FLK	12/09 2100		ALBUTEROL 3 ML SOLUTION ALBUTEROL SULFATE INHL Dose: 2.5 MG [INHL]  TO BE ADMINISTERED BY RESPIRATORY CARE PERSONNEL. See Respiratory Care Clinical Notes for documentation of treatment and actual administration time.	every 4h	0100 0500	0600 1500 <i>gn</i>	1700 2100
0159 PD FLK	12/08 0900		AMLODIPINE BESYLATE 10 MG TABLET NORVASC Dose: 10 MG/1 TABLET [ORAL] Ord As: CADUET 10/20 ***** AND *****	Daily		0900 <i>gn</i>	
0159 PD FLK	12/08 0900		ATORVASTATIN 10 MG TABLET LIPITOR Dose: 20 MG/2 TABLET [ORAL]	Daily		0900 <i>gn</i>	
0157 PD FLK	12/08 0900		ASPIRIN EC 325 MG TABLET DR ECASA 325MG Dose: 325 MG/1 TABLET DR [ORAL]	every AM		0900 <i>gn</i>	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 100 MCG TABLET SYNTHROID Dose: 100 MCG/1 TABLET [ORAL] ***** AND *****	Daily		0900 <i>gn</i>	
0160 PD FLK	12/08 0900		LEVOTHYROXINE 75 MCG TABLET SYNTHROID Dose: 75 MCG/1 TABLET [ORAL]	Daily		0900 <i>gn</i>	
0156 PD FLK	12/08 2100		METOPROLOL TARTRATE 25 MG TABLET LOPRESSOR <i>new dose</i> Dose: <del>25 MG/1 TABLET</del> 50mg [ORAL] IF NO CONTRAINDICATION	2 x daily		0900 <i>gn</i>	2100
0158 TL	12/08 1630		SURESTEP PRO 1 TEST STRIP FINGERSTICK BLOOD SUGAR TEST Dose: 1 TEST/1 STRIP [MISC] Ord As: START IF BS >150 DOCUMENT RESULTS ON DIABETIC F.S.  60-150mg/dl 0 Units <i>reg</i> insulin 151-200 " 0 Unit 1351-400 0 Units 201-250 " 2 Unit 1401 10 Units 251-300 " 4 Unit REPEAT face in 4 hr 301-350 " 6 Unit call DR >/- 401	2xdaily ac		0701 273 400 <i>gn</i>	1630
	12/10		Plavix 75mg	daily		0900 <i>gn</i>	
	12/10		Nexium 20mg PO	BID		0900 <i>gn</i>	2100
	12/10		Digoxin 0.25mg PO	Bid today then daily		0900 <i>gn</i>	2100

## Unadministered Dose Code

R = Refused H = Hold \* = See Narrative Note  
A = P. Absent NPO

## Site Codes

1-Rt Upper Arm 2-Left Upper Arm 3-Abdomen  
4-Rt Lat Thigh 5-Lt Lat Thigh 6-Buttock  
7-Lt Buttock 8-Upper Rt Thigh 9-Upper Lt Thigh  
10-High Lat Rt Hip 11-High Lat Lt Hip

Init	Signature	Init	Signature
<i>gn</i>	<i>gn</i>	<i>gn</i>	<i>gn</i>
MAR Verified by: <i>0110</i> DEC 10 2007			

3004-01 3SE A0733700361  
CAIL, JAMES T

DOB: 01/23/38 Age: 69Y Sex: M Adm: 12/03/07  
A000303457 Dr: HOWELL, CLIFFORD ERIC

Allergies: PENICIL

St Anthony Hospital

Covers Doses from:

Medication Administration Record

OKLAHOMA CITY, OK 73102

12/10/07 00:00 to 12/10/07 23:59

Printed: 12/09/07 23:00  
Page: 1 (more meds follow...)

EXHIBIT C

See Page 3

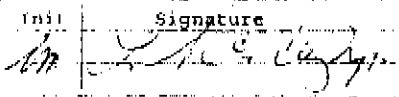
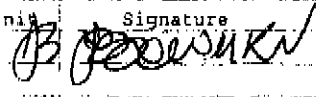
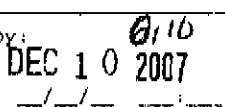
***** UNSCHEDULED MEDICATION ORDERS (cont.) *****							
Special Instructions:							
Ord#	Start	Stop	Drug/Dose/Route/Comments	Frequency	0000-0730	0731-1530	1531-2359
0170 RN FLK	12/08 1700		ACETAMINOPHEN 325 MG TABLET ACETAMINOPHEN Dose: 325 MG/1 TABLET [ORAL] PRN FOR TEMP > 101	every 4h PRN			
0165 PD FLK	12/08 1700		DILTIAZEM INJECTION DILTIAZEM Dose: 10 MG/2 ML [IV] Ord As: <100 IF HR >120 FOR 20MIN HOLD FOR SBP	as needed PRN			
0161 PD FLK	12/08 1700		HEPARIN FLUSH INJ CART (DOE HEPARIN LOCK FLUSH Dose: 200 UNITS/2 ML [IV] Ord As: FICC LINE/TRIPLE LUMEN CARE EACH DAY AND PRN AFTER MEDICATION  Flush each lumen with 10ml NS followed by 2ml 100u/ml Heparin after blood draws and infusions and daily when not in use. ***** AND *****	as needed PRN			
0161 PD FLK	12/08 1700		SODIUM CHLORIDE INJ SYRINGE NS 10ML SYRINGE FLUSH Dose: 0.9 %/10 ML [IV] EACH DAY AND PRN AFTER MEDICATION	as needed PRN			
0164 PD FLK	12/08 1700		MAALOX 30ML U/D 30 ML SUSPENSION MAALOX PLUS USE THIS ONE Dose: 1 DOSE/ [ORAL] Ord As: ANTACID OF CHOICE PRN GASTRIC UPSET	as needed PRN			
0162 PD FLK	12/08 1700		METOCLOPRAMIDE INJECTION REGLAN Dose: 10 MG/2 ML [IV] Ord As: IF CONTRAINDICATED USE ZOPRAN NAUSEA/VOMITING ***** OR *****	q 4 hrs PRN			
0162 PD FLK	12/08 1700		ONDANSETRON INJECTION ONDANSETRON HCL Dose: 4 MG/2 ML [IV] Ord As: IF REGLAN INEFFECTIVE/CONTRAIN NAUSEA/VOMITING  Therapeutic substitution per P&T	every 6h PRN			
<div> <div> Unadministered Dose Code  R - Refused    H = Hold    * = See Narrative Note  A = Pt Absent    NPO </div> <div> Site Codes  1-Rt Upper Arm    2-Left Upper Arm    3-Abdomen  4-Rt Lat Thigh    5-Lt Lat Thigh    6-Buttock  7-Lt Buttock    8-Upper Rt Thigh    9-Upper Lt Thigh  10-High Lat Rt Hip    11-High Lat Lt Hip </div> </div> <div> <div> Initial    Signature    </div> <div> MAR Verified by:   DEC 10 2007 </div> </div> <div> 3004-01    3SE    A0733700361  CAIL, JAMES T  DOB: 01/23/38    Age: 69Y    Sex: M    Adm: 12/03/07  A000303457    Dr: HOWELL, CLIFFORD ERIC  Allergies: PENICIL </div>							
St Anthony Hospital    Covers Doses from:    Medication Administration Record  Oklahoma City, OK 73102    12/10/07 00:00 to 12/10/07 23:59    Printed: 12/09/07 23:00 Page: 2 (more meds follow...)							

EXHIBIT "D"

MCC-CHICAGO  
INMATE SICK CALL SIGN-UP FORM (*Solicitud para Servicios Médicos o Dentales*)

INSTRUCTIONS (Check one) *Instrucciones (Indique uno):* MEDICAL \_\_\_\_\_ DENTAL ✓

1. Name (*Nombre*): LOUIS SHERMAN Date (*Fecha*): 21 DEC 2007  
 2. Reg Number (*Número de Registro*): 90355-024 Age (*Edad*): 59  
 3. Housing Unit (*Unidad de vivienda*): \_\_\_\_\_ Work Place (*Lugar de Trabajo*): \_\_\_\_\_

4. Complaint/Problem: Be very specific (*Queja/Problema - Sea bien específico*) \_\_\_\_\_

3 TEETH BROKEN OFF @  
GUM LINE w/ EXPOSED ROOTS  
NEED EXTRACTION(S)

5. How long have you had this problem? (*¿Cuánto tiempo ha tenido este problema?*) 13 MONTHS

6. Are you taking any prescription or over the counter medications at this time? Which ones? (*¿Está tomando medicinas actualmente, con o sin receta? ¿Cuáles?*) A BUNCH

7. Are you allergic to any medications? (*¿Es alérgico a algun medicamento?*) SEE RECORD

8. Are you having any pain? (*¿Está sintiendo dolor?*) YES If yes, rate the pain from 0-10 3-5  
 (0= no pain, 10+ worst pain ever)  
 (Si es sí, califíquelo de 0 (no duele) a 10 (el peor dolor que ha sentido))

9. Signature (*Firma*) [Signature]

**BRING ALL YOUR PRESCRIBED & COMMISSARY MEDICATIONS TO YOUR APPOINTMENTS WITH YOUR PROVIDER.**

**POR FAVOR TRAIGA TODAS LAS MEDICINAS RECETADAS Y DE LA COMISARÍA A SUS CITAS CON SU PROVEEDOR DE SERVICIOS DE SALUD.**

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TO BE COMPLETED BY MEDICAL PERSONNEL

1. Date triaged: Scheduled January 28 Time 0900

2. Subjective Information: Due to recent cardiac work it is prudent to allow time for healing of stent and surgical site

3. Objective Information: \_\_\_\_\_

DEC 26 2007

5. Medical Staff Signature and Date: [Signature]

Rick D. Vaccarello, D.D.S.  
CAPT, USPHS  
MCC Chicago

EXHIBIT XX